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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	

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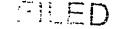
COVER LETTER

TO:

New Filing Section

D	Division of Corporations
SUBJECT	Grape Gallinule Investments LLC
300000	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	rm all correspondence concerning this matter to the following:
	Jason Matthews
	Name of Person
	Grape Gallinule investments LLC
	Firm/Company
	301 W Platt St., #A343
	Address
	Tampa, FL 33606
	City/State and Zip Code
	Jmatt@TeamABV.com
	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	<u>Jason Matthews</u> at (412) 414-4405
	Name of Person Area Code
	Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 Fi	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2021 SEP 21 PM 3: 59

SECRETARY OF STATE TALLAHASSEE, FL

The name of the Limited Claumity Company is.	SECRETAF TALLAFA
Grape Gallinule Investments LLC	IOTEWE!
(Must contain the words "Limited Liability Company,"	L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited L	iability Company is:
Principal Office Address: 301 W Platt St., #A343 Tampa, FL 33606	Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jason M	latthews	
301 W Płatt St.	Name . #A343	
	dress (P.O. Box <u>NOT</u> a FL 33606	cceptable)
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Jason Matthews	
MGR		
	301 W Platt St., #A343 Tampa, FL 33606 SECRETARY OF STALL AFA SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	
	TARN OF	
(Use attachment if necessary)	STATE	
FICLE V: Effective date, if other than the date of filing: on effective date is listed, the date must be specific and date of filing.) te: If the date inserted in this block does not meet the a	d cannot be more than five business days prior to or 90 days afto applicable statutory filing requirements, this date will not be listed	
document's effective date on the Department of State' TICLE VI: Other provisions, if any.	s records.	
REQUIRED SIGNATURE: Jason M		
Signature of a member or	an authorized representative of a member.	

Typed or printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Jason Matthews